Murray Parks and Recreation

PRE K INDOOR SOCCER LEAGUE

Pre-K Indoor Soccer Leagues for ages 3-5 (5 year olds if not in school). Weekly practices and games played indoors. Develop your passing, dribbling and kicking. All players must wear shin guards and tennis shoes. All participants will receive a jersey and an award. Play six games. This will be a 4 on 4 league.

Dates:	November 3 to December 15
Place:	Hillcrest Jr. High
Day:	Saturday
Practices:	Tuesday & Thursday nights
Cost:	$30 Residents, $40 Non resident
Deadline:	Wednesday, October 17, 2012
Register:	Murray Parks and Recreation, The Park Center or online at www.mcreg.com. (You will need a barcode and pin number to register online)

For more information, call 801 264-2614! www.murray.utah.gov

Pre K Indoor Soccer League

Send fee and form to Murray Parks and Recreation, 296 East Murray Park Avenue, Murray UT 84107

Name_____ Phone_____ Male/Female_____

Address_____ Zip Code_____

Age____ Birth date_____ Email_____

Mother's Name_____ Phone_____ Cel Phone_____

Father's Name _____ Phone_____ Cel Phone_____

Does your child have any physical limitations? Yes___ No___ If so, please Explain_____
Will you or a member of your family be willing to coach? Yes_____ No_____
Request of a special friend. _____

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, liability release, and agree to all of their terms and conditions.

_____   _____
Parent/Guardian Signature   Date

For Office Use Only
Date_____ Staff_____ Amount_____
Payment CK__ Cash__ CC__